

## EXHIBIT B

### State of Florida Unified Certification Program

#### Disadvantaged Business Enterprise (DBE) Affidavit For Continuing Eligibility

#### DECLARATION

This declaration is executed under penalty of perjury of the laws of the United States and State of Florida.

PRINT NAME AND TITLE OF MAJORITY DISADVANTAGED OWNER: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS (If different): \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

DBE FIRM'S GROSS RECEIPTS (most recent complete year): \$\_\_\_\_\_ (attach a copy of firm's tax return, Schedule C or a CPA Report. *You must include the gross receipts of any and all affiliate businesses together with their respective tax returns or income statements*)

HAS THERE BEEN A CHANGE IN OWNERSHIP THIS PAST YEAR? YES \_\_\_\_\_ NO \_\_\_\_\_ (If "yes," *you must submit proof of investment; documents indicating race, gender, ethnicity and citizenship status; stock certificates, partnership agreements, Corporate Meeting Minutes etc. reflecting said changes for all new owners.*)

DOES THE PERSONAL NET WORTH (PNW) OF ANY DISADVANTAGED OWNER EXCEED \$750,000? YES \_\_\_\_\_ NO \_\_\_\_\_ (If "yes," identify the owner(s)) *Personal Net Worth excludes your personal residence and the value of the DBE firm. Include all non-DBE business property, furnishings, jewelry, guns, stocks, bonds, IRAs, livestock, etc.*

HAS THERE BEEN A CHANGE IN MANAGEMENT? (Include Board of Directors for corporations) YES \_\_\_\_\_ NO \_\_\_\_\_ (If "Yes," *you must provide the names of new management staff and a description of their duties and responsibilities.*)

I understand that any material misrepresentation will be grounds for de-certification, and for initiation of actions under Federal and/or State laws regarding the making of false statements. I certify that there have been no material changes in the information provided with this firm's most recent complete application for DBE certification, except those heretofore conveyed, in writing, to: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Disadvantaged Owner's Printed Name

\_\_\_\_\_  
Disadvantaged Owner's Signature

Corporate Seal:

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(Affiant's Printed Name)

He/She is personally known to me or has produced \_\_\_\_\_ (type) as identification.

STATE OF \_\_\_\_\_

\_\_\_\_\_  
(Notary's Printed Name)

\_\_\_\_\_  
My Commission Expires